

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
MAY 19 2017  
Bayfield Co. Zoning Dept.

\$175  
ENTERED

|              |              |
|--------------|--------------|
| Permit #:    | 18-0007      |
| Date:        | 1-24-18      |
| Amount Paid: | \$175 5-9-17 |
| Refund:      |              |

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|  |  |                                   |                                   |                                |  |   |                                 |                                |
|--|--|-----------------------------------|-----------------------------------|--------------------------------|--|---|---------------------------------|--------------------------------|
| TYPE OF PERMIT REQUESTED →   |  | <input type="checkbox"/> LAND USE | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE            | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
| Owner's Name:  | Michael Reitz<br>Ann Reitz Reta Reitz  |                                   | Mailing Address:                  | PO Box 175                     |  | City/State/Zip:                                 | Port Wing WI 54865              |                                |
| Address of Property:   | 81545 Kinney Valley Rd                 |                                   | City/State/Zip:                   | Port Wing WI 54865             |  | Telephone:                                      | 715-774-3229                    |                                |
| Contractor:  |  |                                   | Contractor Phone:                 |                                |  | Plumber:  | 505-879-1935                    |                                |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Ann Reitz                              |                                   | Agent Phone:                      | 715-774-3229                   |  | Agent Mailing Address (include City/State/Zip): | PO Box 175 Port Wing            |                                |
| PROJECT LOCATION   | Legal Description: (Use Tax Statement) |                                   | PIN: (23 digits)                  | 04-042-2-49-08-06-104000-1000  |  | Recorded Document: (i.e. Property Ownership)    | Volume _____ Page(s) _____      |                                |
| 1/4, 1/4   | Gov't Lot                              | Lot(s)                            | CSM                               | Vol & Page                     | Lot(s) No.                               | Block(s) No.                                    | Subdivision:                    |                                |
| SE NE IN V. 1100 P. 040 142  |  |                                   |                                   |                                |  |   | Town of: Port Wing              |                                |
| Section _____, Township _____, Range _____ W                         |  |                                   |                                   |                                |  |   | Lot Size                        | Acreage 40                     |

|   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Shoreland                | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <b>If yes---continue →</b> | Distance Structure is from Shoreline: _____ feet | Is Property in Floodplain Zone?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|   | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <b>If yes---continue →</b>   | Distance Structure is from Shoreline: _____ feet |   |   |
| <input checked="" type="checkbox"/> Non-Shoreland |  |  |   |   |

| Value at Time of Completion<br>* include donated time & material | Project  | # of Stories and/or basement                 | Use  | # of bedrooms                           | What Type of Sewer/Sanitary System is on the property?                                    | Water                                    |
|--|--|--|--|---|---|--|
| \$81,750   | <input type="checkbox"/> New Construction                      | <input checked="" type="checkbox"/> 1-Story  | <del>MAN</del>                                 | <input type="checkbox"/> 1              | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration                   | <input type="checkbox"/> 1-Story + Loft      | <input checked="" type="checkbox"/> Year Round | <input checked="" type="checkbox"/> 2   | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                            | <input type="checkbox"/> 2-Story             | <input type="checkbox"/> _____                 | <input type="checkbox"/> 3              | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>holding tank</u>   |  |
|  | <input type="checkbox"/> Relocate (existing bldg)              | <input checked="" type="checkbox"/> Basement |  | <input type="checkbox"/> _____          | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |  |
|  | <input checked="" type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement         |  | <input type="checkbox"/> None           | <input type="checkbox"/> Portable (w/service contract)                                    |  |
|  | <input type="checkbox"/> Foundation                            |  |  | <input type="checkbox"/> Compost Toilet |   |  |
|  | <input type="checkbox"/> _____                                 | <input type="checkbox"/> _____               |  | <input type="checkbox"/> None           |   |  |

|   |               |              |               |
|---|---------------|--------------|---------------|
| * Existing Structure: (if permit being applied for is relevant to it) | Length: 40 ft | Width: 30 ft | Height: 15 ft |
| Proposed Construction:  | Length:       | Width:       | Height:       |

| Proposed Use                                       | ✓                                   | Proposed Structure   | *Dimensions | *Square Footage |
|--|-------------------------------------|--|-------------|-----------------|
| <input type="checkbox"/> Residential Use           | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )       |                 |
|  | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )       |                 |
|  |                                     | with Loft  | ( X )       |                 |
|  |                                     | with a Porch   | ( X )       |                 |
|  |                                     | with (2 <sup>nd</sup> ) Porch  | ( X )       |                 |
|  |                                     | with a Deck  | ( X )       |                 |
| <input checked="" type="checkbox"/> Commercial Use |                                     | with (2 <sup>nd</sup> ) Deck   | ( X )       |                 |
|  |                                     | with Attached Garage   | ( X )       |                 |
|  | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                 |
|  | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                 |
| <input type="checkbox"/> Municipal Use             | <input type="checkbox"/>            | Addition/Alteration (specify) _____  | ( X )       |                 |
|  | <input type="checkbox"/>            | Accessory Building (specify) _____   | ( X )       |                 |
|  | <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____   | ( X )       |                 |
|  | <input checked="" type="checkbox"/> | Special Use: (explain) <u>short term one unit rental</u>   | 16 X 32     | 1472            |
|  | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                 |
|  | <input type="checkbox"/>            | Other: (explain) _____   | ( X )       |                 |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Ann Reitz  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 5/16/17

Authorized Agent: Ann Reitz  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 5/16/17

Address to send permit: PO Box 175 Port Wing WI 54865

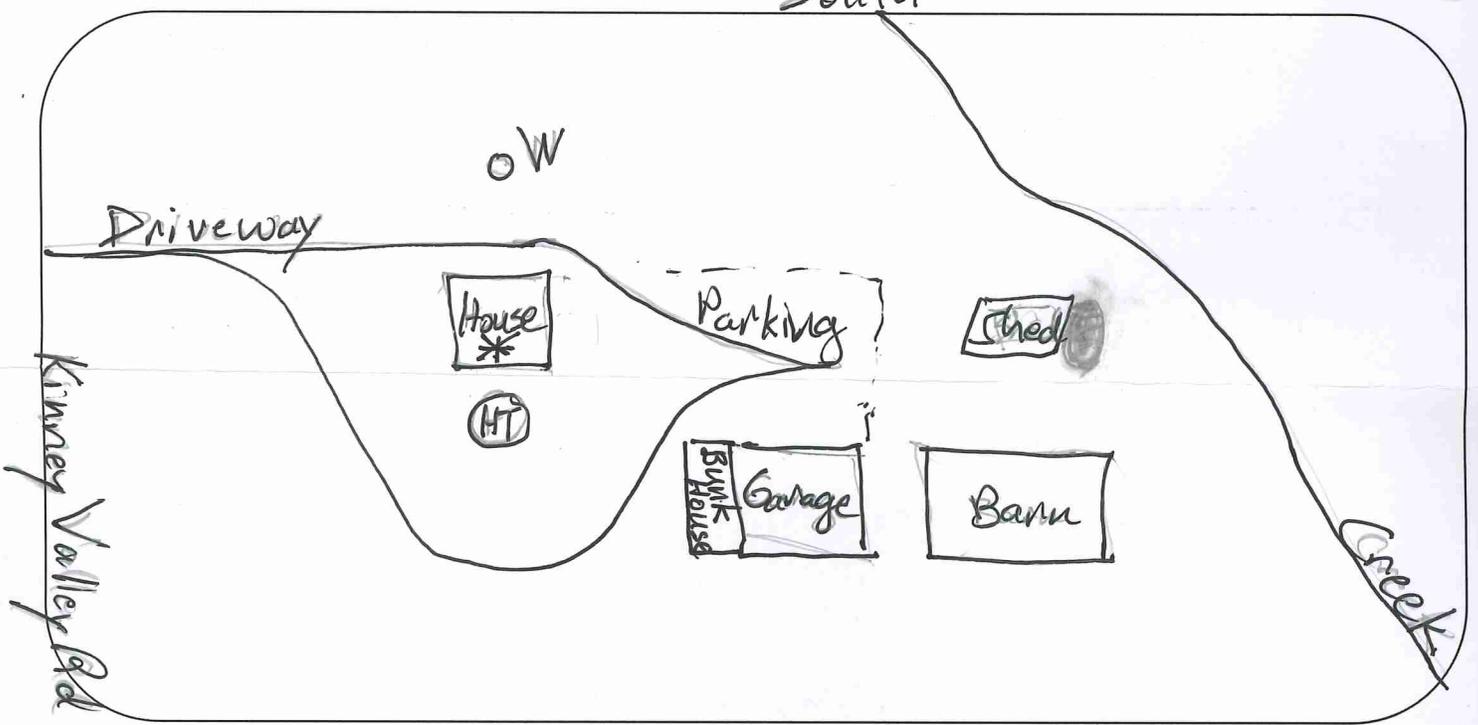
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

\* label each building

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* Driveway and (\* Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* Well (W); (\* Septic Tank (ST); (\* Drain Field (DF); (\* Holding Tank (HT) and/or (\* Privy (P)
- (6) Show any (\*): (\* Lake; (\* River; (\* Stream/Creek; or (\* Pond
- (7) Show any (\*): (\* Wetlands; or (\* Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

\* Will be reworking House only. Not Bunkhouse.

| Description                                 | Measurement | Description                                      | Measurement   |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 396 Feet    | Setback from the Lake (ordinary high-water mark) |   |
| Setback from the Established Right-of-Way   | 380 Feet    | Setback from the River, Stream, Creek            | 198 Feet  |
|   |             | Setback from the Bank or Bluff                   |   |
| Setback from the North Lot Line             | 1167 Feet   |  |   |
| Setback from the South Lot Line             | 158 Feet    | Setback from Wetland                             |   |
| Setback from the West Lot Line              | 2260 Feet   | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 380 Feet    | Elevation of Floodplain                          |   |
| Setback to Septic Tank or Holding Tank      | 15 Feet     | Setback to Well                                  | 53 Feet   |
| Setback to Drain Field                      |             |  |   |
| Setback to Privy (Portable, Composting)     | 237 Feet    |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|   |   |   |   |                           |
|---|---|---|---|---------------------------|
| Issuance Information (County Use Only)  |   | Sanitary Number: 16-86S HT  | # of bedrooms:  | Sanitary Date:            |
| Permit Denied (Date):   |   | Reason for Denial:  |   |                           |
| Permit #: 18-0007   |   | Permit Date: 1-24-18  |   |                           |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No          | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required        |
| Is Parcel in Common Ownership   | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached        |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |   |   |                           |
| Granted by Variance (B.O.A.)  |   | Previously Granted by Variance (B.O.A.)                                     |   |                           |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |                           |
| Was Parcel Legally Created  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           | Were Property Lines Represented by Owner                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |
| Was Proposed Building Site Delineated   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A                       | Was Property Surveyed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |
| Inspection Record: Bunkhouse w/o permit - converted part of garage added to garage w/o permit.  |   | Zoning District: A-1-1  |   |                           |
| Date of Inspection: 6-15-17 + previous  |   | Lakes Classification: N/A   |   |                           |
| Inspected by: JCM upthly  |   | Date of Re-Inspection:  |   |                           |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) |   |   |   |                           |
| Short term rental for principal house only. No rental use of bunkhouse allowed.   |   |   |   |                           |
| Signature of Inspector:   |   |   |   | Date of Approval: 1-22-18 |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>  | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             |                           |

See Fox from Town Board. TB Approved 5-18-17. Pink Form not complete

own, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **16-86S**  
SIGN –  
SPECIAL – **Class A**  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0007** Issued To: **Ann Reitz**

Location: **SE** ¼ of **NE** ¼ Section **6** Township **49** N. Range **8** W. Town of **Port Wing**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Other: [ 1- Story; 1 – Unit; Short-term Rental ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Short-term rental for principal house only. No rental use of bunkhouse allowed.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**January 24, 2018**

Date